



IFCN 3711
3711

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/500,779
		Filing Date	September 21, 2004
		First Named Inventor	Jerry Igulden
		Art Unit	3711
		Examiner Name	Wong, Steven B.
Total Number of Pages in This Submission	8	Attorney Docket Number	42438P062

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
<p>In the event that an extension of time is required to prevent this application from being abandoned or any other fee is deemed to be due, authorization is hereby given to charge the appropriate fee to Deposit Account No. <u>02-2666</u>.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

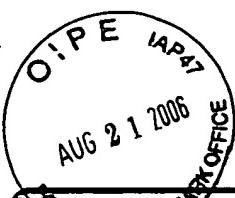
Firm or Individual name	George W Hoover, Reg. No. 32,992 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 17, 2006

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Suzanne Johnston		
Signature		Date	August 17, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 11/30/2005.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



~~EE~~ **EE TRANSMITTAL**
for FY 2005

Patent fees are subject to annual revision.

FEES TRANSMITTAL for FY 2005		<i>Patent fees are subject to annual revision.</i>	<i>Complete if Known</i>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	10/500,779	
		Filing Date	September 21, 2004	
		First Named Inventor	Jerry Iggleston	
		Examiner Name	Wong, Steven B.	
		Art Unit	3711	
		Attorney Docket No.	42438P062	
TOTAL AMOUNT OF PAYMENT		(\\$)	225.00	

METHOD OF PAYMENT (*check all that apply*)

- Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	4	20 ^m	0 X 25.00	\$0.00
Independent Claims	1	3 ^m	0 X 100.00	\$0.00
Multiple Dependent				

<u>Large Entity</u>	<u>Small Entity</u>	
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Description</u>
1202	50	2202 25 Claims in excess of 20
1201	200	2201 100 Independent claims in excess of 3
1203	360	2203 180 Multiple Dependent claim, if not paid
1204	790	2204 395 **Reissue independent claims over original patent
1205	300	2205 150 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$) 0.00

***or number previously paid, if greater. For Reissues, see below*

2 ADDITIONAL FEES

Large Entity Small Entity

Fee Description
e filing fee or oath
a provisional filing fee or cover sheet.
ecification
ply within first month
ply within second month
ply within third month
ply within fourth month
ply within fifth month
al
support of an appeal
l hearing
ute a public use proceeding
Commissioner
under 37 CFR 1.17(q)
Information Disclosure Stmt
ision after final rejection (37 CFR § 1.
ental invention to be examined (37 CFR

Fee Paid

~~225.00~~

Other fee (specify)

SUBTOTAL (2)

(\$) **225.00**

Complete (if applicable)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	George W Hoover	Registration No. (Attorney/Agent)	32,992	Telephone
Signature			Date	08/17/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
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